





*Vol. 14, p. 149*  
**CHOLERA** *149*

AND

**ITS TREATMENT.**

A Short Essay

BY DR. AUZIAS TURENNE,  
OF PARIS.

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TRANSLATED BY

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LONDON:

SIMPKIN, MARSHALL, AND Co.;

NORWICH: J. FLETCHER.

1849.

*Price Threepence.*

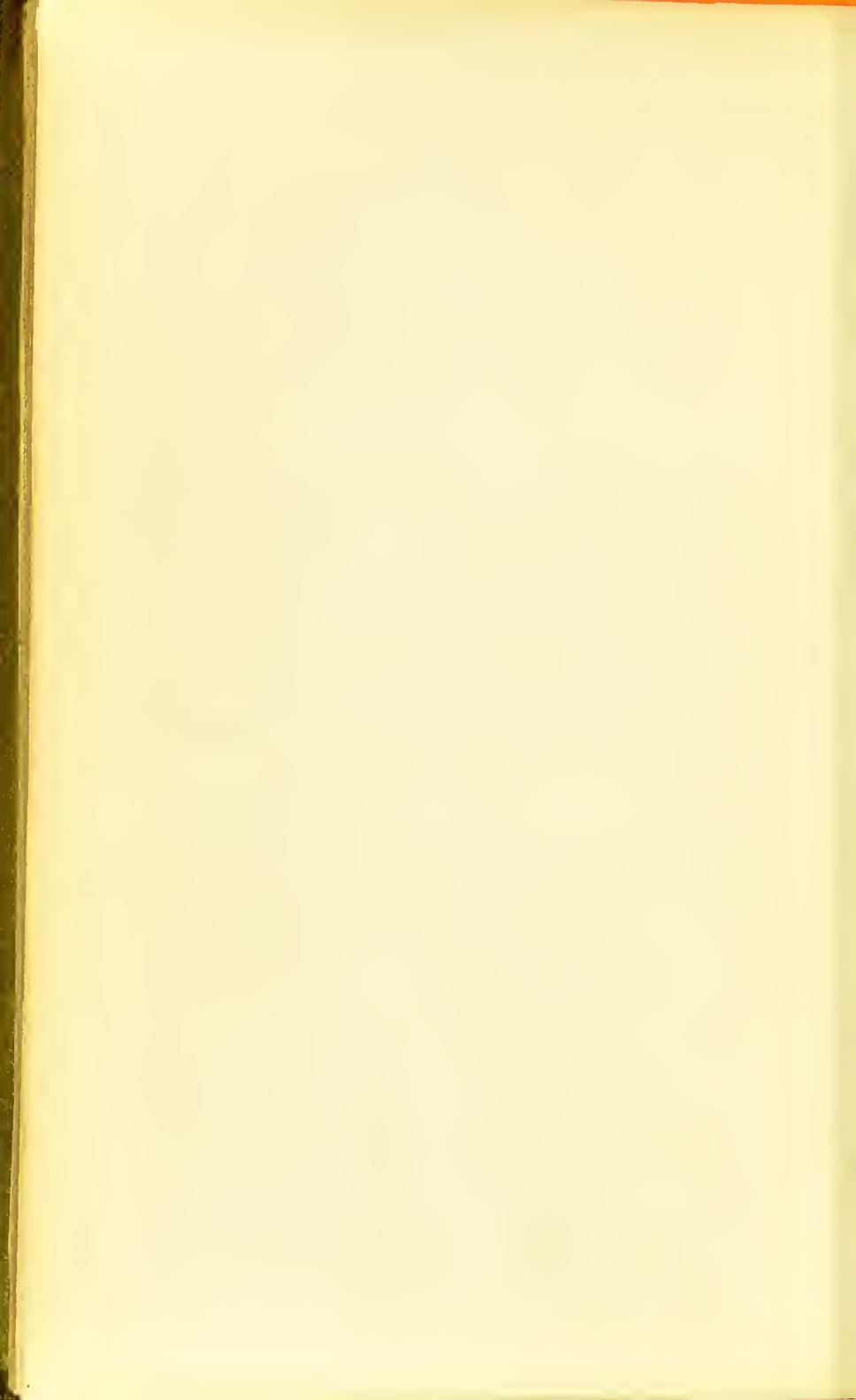
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The following Essay was received by me in the form of a Letter, which will explain its desultory and somewhat unconnected style. I have deemed the occurrence in this City of the dreadful pestilence, which has been, and is still, decimating the population of this and other countries, to be a sufficient apology for introducing it to the public.

F. BATEMAN.

*Norwich, St. George's, Sept. 19th, 1849.*



## ON CHOLERA.

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SCIENTIFIC ideas are like fruits, time must be allowed them to ripen. There are, however, certain cases of emergency, in which we may make use of them before they have arrived at perfect maturity; it is for this reason that I have been induced to commit to paper my views about Cholera and its Treatment.

I am one of those who think that theory and practice are placed at the two ends of a short chain, and that the progress of the one goes on conjointly with that of the other. The one is nothing without the other, together they are omnipotent; and it is to them that we shall one day owe the explanation of phenomena which to us are now strange and inexplicable. This indissoluble union of theory with practice, renders it indispensable that I should enter into some theoretical considerations, before touching upon the practical question of the treatment of Cholera.

The etiology of Cholera is undoubtedly very obscure, but if I were obliged to choose one of the different explanations which have been given about its essence and mode of propagation, I think *I should incline towards* the partisans of organized miasmata,

although in reality my views on the subject are not in strict accordance with any of the opinions which have been expressed. To justify the preference which I give to the idea of organized miasmata, as the primary cause of Cholera, I would remark — I. That they undergo an evolution. II. That they occupy a certain time in passing from one place to another. III. That they are susceptible of acclimatation. IV. That they change their properties in passing from one stage to another. V. That humidity, but especially moist heat, are powerful conditions of their development. VI. That they go against the wind, traverse seas, follow the track of civilization, avoiding a place at one time, and visiting it at another, avoiding elevated spots and those surrounded by forests. VII. That they are not contagious, but *communicative*. VIII. That they are found in places abounding in impure matter produced by perspiration, respiration, and organic elimination of every description.

These, and many other considerations, which I have not the space to allude to, and which are all in accordance with the idea of organized miasmata as the primary cause of Cholera, have induced me to believe that it is to this source that we must look for the germ of the true principles of the prophylaxis, or preventive treatment of Cholera.

An important fact, in a practical point of view, is, that Cholera, in contradistinction to diseases which have been assimilated to it, has an intensity which is in proportion to the quantity and, perhaps, the quality of the virus which produce it. This is not the case with the virus of variola; its quantity is unimportant,



and its quality is never indifferent; it is either good, or good for nothing; but the smallest quantity produces a disease as complete as possible, the progress of which nothing can arrest, and which cannot be reproduced in the same individual, at least during a considerable period of time. Not so with Cholera; the quantity and perhaps the quality of the miasmata which produce it, have a marked action upon the manifestation of a disease, the progress of which can be arrested, and which can be indefinitely reproduced in the same individual under the influence of the same miasmata; so that, instead of seeking the *Vaccina* of Cholera, we ought rather to seek its *Sulphate of Quinine*.

With regard to the treatment of Cholera, I have obtained great success from the use of liquids given in large doses, and administered in every possible manner, but especially by the mouth. I shall presently mention how I explain this success, but I must state that this treatment is not new. It has been extolled by M. Castel, in academical discussions—it was that of Sydenham; M. Blatin has furnished remarkable examples of its success in the epidemic of 1832, and M. Piorry has given injections by the canal of the urethra, and has endowed the science with the word, *hypo-hydro-hæmia*, which indicates at the same time, the craving of the patient, and what must be done to quench the fire which devours his entrails.

I make the patient drink a large quantity of water, at the ordinary temperature; I prefer that it should be sweetened, and a small portion of wine added; and in the blue stage, I even give one-fourth of wine to three-fourths of water. The essential point is, that

the patient should be *saturated* with liquid; thus enemata of tepid water may be repeatedly administered. I am very indifferent about the nature and temperature of the liquid, provided a very large quantity be given; and for this reason, it should be agreeable to the taste of the patient.

The following is the manner in which I proceed, according as I am called in, during the premonitory symptoms, in the period of confirmed Cholera, or in the blue stage:—

A. In the first case, we have diarrhœa, sometimes serous, at others, bilious, and sometimes without any definite character, often accompanied by nausea. If the constitution is weak and exhausted, and if the diarrhœa is abundant, and has lasted for some time, then a blue ring is seen around the orbit, and at the eyelids, and the patient complains of weakness in the limbs; already the blood is deprived of important elements, and very soon the second period will abruptly commence, and the urine, hitherto scanty, will be altogether suppressed.

In this first stage, I begin by administering a copious enema of tepid water as a *lavabo*, which the patient will return immediately; I then give small enemata containing a large proportion of laudanum, which the patient generally retains. The opiate enemata should be repeated at intervals, according to the more or less threatening aspect of the premonitory symptoms, but in general, two or three will suffice. A solution of starch or rice water may be substituted for simple water. Laudanum may also be given by the mouth, in tepid water, and may be associated with three or four grains of sulphate of quinine. I sometimes

give two or three drops of laudanum on a piece of sugar, with sugared water (*eau sucrée*) for drink, at the dose of a glass every ten minutes, or water with a small quantity of wine, or Seltzer water. After some hours of this treatment, when the patient has drunk five or six quarts of liquid, the secne changes; diarrhœa no longer exists; and an abundant diuresis, and especially a diaphoresis, form the crisis of the disease. The patient, or rather the convalescent, may then take light food, such as broth, milk, and, very soon after, more substantial nutriment; he is recovered from a state which would have become confirmed Cholera.

B. The premonitory symptoms have already lasted for some time, and the stage of confirmed Cholera is arrived; the motions are serous, like rice water, abundant, involuntary and without tenesmus; there is nausea and characteristic vomiting, cramps, suppression of urine and of perspiration.

The same treatment is to be adopted here, as in the preceding stage, but more energetic. If the opiate enemata are not retained, or do not act, I suppress them, and substitute copious enemata of tepid water, repeated every quarter of an hour, which of course are returned as soon as taken. At the same time, I insist on abundant aqueous drinks, a glassful, for instance, every ten minutes. I have seen patients take thus, ten quarts of liquid in some hours, and twenty quarts and more in the day. Generally, several glasses are taken without vomiting, until the stomach is full, when the patient is fatigued with an immense weight in the epigastrium, of which he is relieved by abundant vomitings. At the end of a few hours, of

a day, and rarely of longer, all the symptoms are amended or have disappeared; the cramps give way first, then urine is secreted, the presence of which is proved by percussion. The urine can be withdrawn by the catheter long before it is expelled by the contractions of the bladder, which participates for several days in the atony of the whole system. Convalescence then goes on rapidly.

C. The Blue stage is arrived, the pulse is imperceptible, the voice much altered, evacuations suppressed, and death imminent. This is not the time for sinapisms, for bottles of hot water, or heat in any shape; they are of no use. I give every five minutes a glass of liquid, the best is composed of two-thirds of sugared water, (*eau-sucrée*,) and one-third of wine; the patient takes it greedily, for he is parched with thirst. At the end of a few hours, reaction or death takes place. When reaction occurs, it is a decided and entire reaction, without typhoid symptoms, and without *meningo-encephalitis*. For what organ should inflame? They have all been preserved from inflammation by the protective ablutions to which they have been submitted. The weakness and want of power of some organs is even remarkable; the bladder is full of urine before the patient is able to expel it, thus rendering frequent catheterism necessary. All that I now state is the result of numerous observations which I have not the time to classify and detail.

I have already expressed my confidence in the union of theory and practice, and, in fact, it is by theory based on practice that I have been led to this treatment. I have already spoken of Sydenham, of Blatin, &c., and I have often heard of persons attacked with Cholera,



and who, being without assistance, were induced by a salutary instinct to drink incessantly until cured.

Experience proves that the action of the choleric miasmata, resembles greatly that of a poison. Now what is the treatment of poison? First. To decompose it, and if we cannot do that to eliminate it. Second. To treat the organic disorders produced by its action. Now we do not know the counter-poison of the Choleric miasmata, we ought then to seek their elimination by giving liquid in every possible manner. With regard to organic disorders, they, as well as any violent reaction are prevented by the sedative and antiphlogistic action of the water.

When the urine was slow in appearing towards the close of the disease, I have often excited its secretion, by the application of sinapisms or blisters in the region of the kidney. In order to obtain the same result, I have successfully used injections of a small quantity of tepid wine, or tepid alcoholized water into the bladder, without having occasioned the least cystitis. These injections, by exciting the kidneys to secrete urine, have the same effect on the bladder, as excitants on the stomach, which excite the secretion of bile, as pepper on the mouth, which excites the secretion of saliva. Thus to recapitulate—give liquids, then nourish gradatim with light broth and milk in large quantity, passing then to more substantial nutriment, I recommend especially cold milk taken in large quantity as soon as the patient is better.

I find, that in England, mercury is the order of the day, if I did not possess a treatment which I think good, I would try mercurial frictions on the abdomen;

certain analogies induce me to believe that good results would follow their use. In conclusion, I would say that I do not prohibit all the other means which have been employed in the treatment of Cholera, and which in certain circumstances may be useful; but I have a firm confidence in my treatment when I see the perspiration become normal, the motions change their nature, and become impregnated with bile, and the urine, that rainbow of health, appear upon the horizon.

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It will be observed that the principal feature in Dr. Auzias Turenne's treatment, consists in the copious administration of water. Now the rice water dejections are generally considered to be caused by the draining away of the serum of the blood, and in *post mortem* examinations of persons who have died from Cholera, the blood is found thick and coagulated, as if stoppage in the circulation had actually occurred from a deficiency in its watery element. Thus we must admit that Dr. Auzias' treatment is, at all events, a rational one, and I think confident hopes may be entertained as to its utility.

F. B.

